

**Cemetery Worksheet**  
Governor's Office for Local Development  
Office of State Grants

Please check the type of agency applying for funding:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> State Agency  | <input type="checkbox"/> Consolidated Local Government        | <input type="checkbox"/> City Government |
| <input type="checkbox"/> County Government                                       | <input type="checkbox"/> Not-for-Profit Cemetery*             | <input type="checkbox"/> Charter County  |
| <input type="checkbox"/> Urban County Government                                 | <input type="checkbox"/> Not-for-Profit Local or Civic Group* |  |
| <input type="checkbox"/> Not-for-Profit Historical or Genealogical Organization* |   |  |

\* Please provide a copy of the letter from the Internal Revenue Service designating your organization as a 501(c)3 non-profit.

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**Project Contact**

Application Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Project Contact Person: \_\_\_\_\_

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**Project Information**

Cemetery Name: \_\_\_\_\_

Is Cemetery a Non-Profit: Yes ☐ No ☐

Receive Perpetual Care Funds: Yes ☐ No ☐

Total Amount Requested: \_\_\_\_\_ Total Project Cost: \_\_\_\_\_

Total Match: \_\_\_\_\_

Type of Match:

- |   |                       |   |
|---|-----------------------|---|
| <input type="checkbox"/> Cash:              | Cash Source: _____    | Cash Amount: _____                            |
| <input type="checkbox"/> In-kind Labor:     | In-kind Source: _____ | In-kind # hours: ____ x \$10.00 = : _____     |
| <input type="checkbox"/> In-kind Equipment: | In-kind Source: _____ | In-kind # hours: ____ In-kind # amount: _____ |

## Cemetery Information

Cemetery Location: \_\_\_\_\_

County: \_\_\_\_\_ ADD: \_\_\_\_\_

Size in acres: \_\_\_\_\_ Number of Graves: \_\_\_\_\_ Age of Cemetery: \_\_\_\_\_

Owner of cemetery property: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the cemetery is located on private property: Yes ☐ No ☐

If yes do you have written permission to access the cemetery and do the proposed work: Yes ☐ No ☐

Proposed cemetery work description:

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## Signature

To the best of my knowledge and belief, information in the application is true and correct.

I am aware that the proposed project may be removed from further consideration should it be determined that there are significant discrepancies in the information provided, and/or false, inaccurate or incomplete information has been given.

Name and Title of Chief Executive Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

